



PATIENT

Luigi Vandelden

PRESENTING CLINICAL SIGNS

Grade 2/6 holosystolic heart murmur, left side.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

BREED

Havanese

SEX

Neutered male

AGE

13 years

WEIGHT

27 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Duhr

INVOICE

30114

DATE

4/26/22

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swedish)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.1	1.1	1.80	1.94	Long axis (4 chamber view): 35%	Long axis (4 chamber view): 65%	0.40
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT kg	LA 2D long axis Base view (cm)	LVIDd Avg; 2D and m- mode short axis (cm)	LVIDs Avg; 2D and m- mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	Not measured	1.49	0.54	12.3 kg	4.85	Short axis: 4.26 Long axis (4 chamber view): 4.18	Short axis: 3.16 Long axis (4 chamber

- Moderate myxomatous degeneration of both leaflets. The anterior leaflet is more severely affected compared to the posterior leaflet.
- Moderate prolapse of the septal leaflet.
- Marked mitral regurgitation.
- Severe left atrial enlargement (LAN = 1.34)
- Severe left ventricular enlargement (LVIDND = 2.04)
- Mild to moderate myxomatous degeneration of the tricuspid valve. The anterior leaflet is more severely affected compared to the posterior leaflet.
- Very mild prolapse of the septal leaflet.
- Moderate trivial tricuspid regurgitation.



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- No right ventricular or atrial enlargement.
- Pulmonic valve, no abnormalities.
- Pulmonic insufficiency 1.2 m/s
- Pulmonary veins; subjectively, they appear mildly to moderately dilated.
- No signs of pericardial or pleural effusion
- No evidence of pulmonary edema.
- Possible very mild congestion of the hepatic veins and caudal vena cava, however, Luigi's right heart does not show increased pressure or enlargement.

ULTRASONOGRAPHIC FINDINGS

- Myxomatous degeneration of the mitral valve, ACVIM stage B2

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

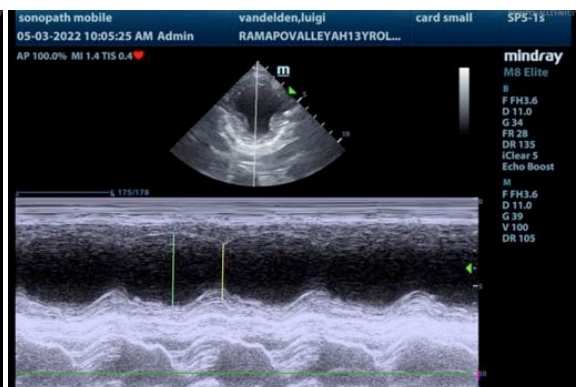
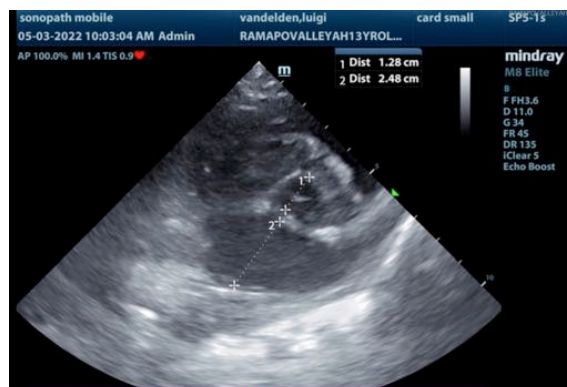
Treatment with pimobendan is indicated and recommended based on the results of the EPIC study.

If a dentistry is scheduled, it should be postponed for approximately 2-4 weeks while initiating therapy with pimobendan, as this will help stabilize Luigi's heart prior to the procedure.

Treatment with an ace inhibitor is not necessary based on published literature.

Other suggestions/recommendations include:

- Evaluation of blood pressure
- Treatment with pimobendan at 0.25-0.30 mg/kg PO every 12 hours
- Monitoring of the resting (sleeping) respiratory rate (RRR) is highly recommended once a day. The RRR should NOT EXCEED 30 breaths per minute (bpm). If the respiratory rate is greater than 30 bpm, or if there is a gradual increase (over a day or two) toward 30 bpm, the patient should be evaluated immediately for congestive heart failure and the appropriate treatment initiated.
- Recommend monitoring for progression with a re-evaluation of an echocardiogram every 6 to 8 months, or sooner if clinical signs develop.





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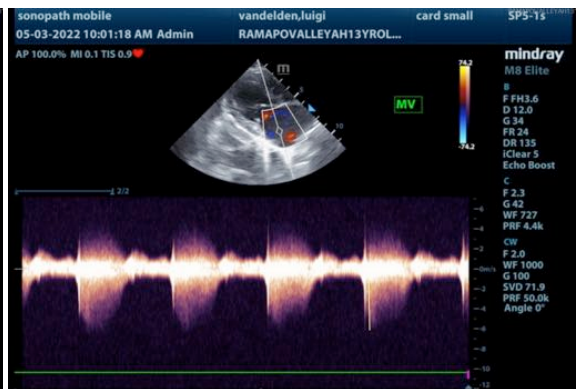
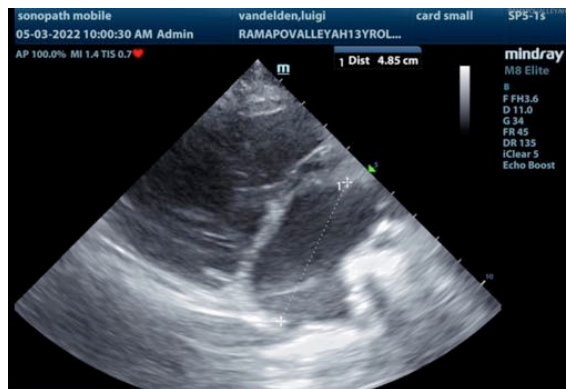
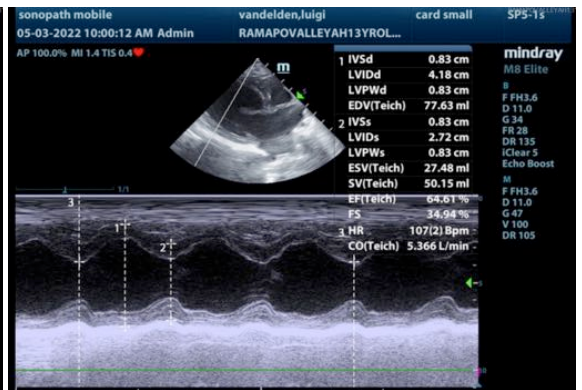
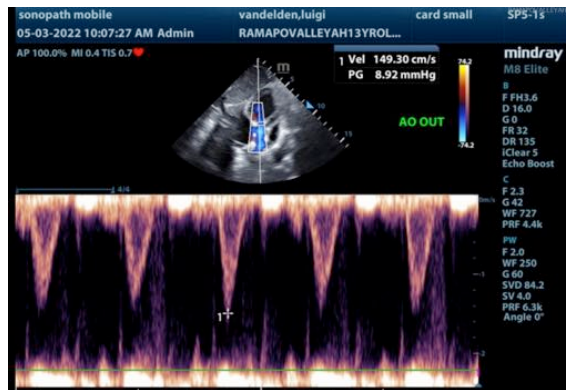
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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